

Fill in this information to identify your case:

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF TENNESSEE

Case number (if known)

Chapter 7☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/19

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Pain MD, LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

DBA PainMD Pain & Wellness Clinics3. Debtor's federal Employer Identification Number (EIN) 37-1743993

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

725 Coolsprings Boulevard, Suite 550
Franklin, TN 37067

Number, Street, City, State & ZIP Code

P.O. Box 1226
Franklin, TN 37065

P.O. Box, Number, Street, City, State & ZIP Code

Williamson

County

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) N/A

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))☐ Partnership (excluding LLP)☐ Other. Specify: _____

Debtor **Pain MD, LLC**
Name

Case number (if known)

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☒ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 11. Check all that apply:
- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625 (amount subject to adjustment on 4/01/22 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- ☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No
- ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **Pain MD, LLC**
Name

Case number (if known)

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (Check all that apply.)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number, Street, City, State & ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds**

Check one:

☐ Funds will be available for distribution to unsecured creditors.☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.**14. Estimated number of creditors**☐ 1-49☒ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☒ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **Pain MD, LLC**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **June 14, 2019**
MM / DD / YYYY

X /s/ Michael Kestner

Signature of authorized representative of debtor

Michael Kestner

Printed name

Title **President**

18. Signature of attorney **X /s/ Robert J. Mendes**

Signature of attorney for debtor

Date **June 14, 2019**

MM / DD / YYYY

Robert J. Mendes 017120

Printed name

Waypoint Law PLLC

Firm name

**346 21st Avenue North
Nashville, TN 37203**

Number, Street, City, State & ZIP Code

Contact phone **615.209.7477**

Email address **bmendes@waypointlaw.com**

017120 TN

Bar number and State

Fill in this information to identify the case:Debtor name Pain MD, LLCUnited States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESSEE

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule* _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 14, 2019**X /s/ Michael Kestner**

Signature of individual signing on behalf of debtor

Michael Kestner

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **Pain MD, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **2,882,069.55****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **2,882,069.55****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **82,334.50****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **74,542.00****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **12,928,935.81****4. Total liabilities**
Lines 2 + 3a + 3b\$ **13,085,812.31**

Fill in this information to identify the case:Debtor name **Pain MD, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

Wells Fargo Bank (PainMD Corporate)**1712 West End Avenue, 2nd Floor,**3.1. **Nashville, TN 37203****4100****\$5,110.84****SunTrust Bank (Kingsport)****731 Cool Springs Blvd., Franklin, TN**3.2. **37067****4028****\$529.35****SunTrust Bank (Lawrenceburg)****731 Cool Springs Blvd., Franklin, TN**3.3. **37067****4010****\$269.61****SunTrust Bank (Mt. Juliet)****731 Cool Springs Blvd., Franklin, TN**3.4. **37067****6902****\$5,693.65****Capital Bank (Greeneville)****P.O. Box 1120, Greeneville, TN**3.5. **37744-1120****7085****\$1,189.75****Wells Fargo Bank (Bristol, VA)****1712 West End Avenue, 2nd Floor,**3.6. **Nashville, TN 37203****8082****\$286.65**

Debtor Pain MD, LLC
Name

Case number (If known) _____

3.7.	Wells Fargo Bank (Christiansburg, VA) 1712 West End Avenue, 2nd Floor, Nashville, TN 37203	1727	\$817.15
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3.8.	Wells Fargo Bank (Concord, NC) 1712 West End Avenue, 2nd Floor, Nashville, TN 37203	1743	\$958.81
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3.9.	Wells Fargo Bank (High Point, NC) 1712 West End Avenue, 2nd Floor, Nashville, TN 37203	1750	\$482.83
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3.10	Wells Fargo Bank (Mount Airy, NC) 1712 West End Avenue, 2nd Floor, Nashville, TN 37203	1768	\$1,502.69
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4. Other cash equivalents (Identify all)

5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$16,841.33

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
- ☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1.	Prepaid insurances (General liability, malpractice liability, property, auto and workers compensation)	\$5,000.00
------	--------------------------------------------------------------------------------------------------------	------------

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$5,000.00

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
- ☒ Yes Fill in the information below.

11. Accounts receivable

11a. 90 days old or less:	977,331.13	-	0.00 =	\$977,331.13
	face amount		doubtful or uncollectible accounts	

11b. Over 90 days old:	144,111.00	-	0.00 =	\$144,111.00
	face amount		doubtful or uncollectible accounts	

Debtor Pain MD, LLC
Name

Case number (If known) _____

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$1,121,442.13**Part 4: Investments**

13. Does the debtor own any investments?

- ☐ No. Go to Part 5.
- ☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
- ☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☐ No. Go to Part 7.
- ☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
- ☐ Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
- ☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1.	Subaru Legacy (2012) VIN 4S3BMCC67C3019369; Original Cost: \$24,750.00	\$0.00		Unknown
47.2.	Subaru Legacy (2013) VIN 4S3BMCC63D3036591; Original Cost: \$25,411.76	\$0.00		Unknown
47.3.	Subaru Legacy (2015) VIN 4S3BNBC68F3074960; Original Cost: \$25,683.73	\$0.00		\$6,849.08
47.4.	Subaru Legacy (2015) VIN 4S3BNBC62F3076297; Original Cost: \$25,928.47	\$0.00		\$6,914.31

Debtor Pain MD, LLC
Name

Case number (If known) _____

47.5. **Subaru Legacy (2016) VIN 4S3BNBC6XG3020450; Original Cost: \$25,885.43** **\$0.00** **\$7,765.78**

47.6. **Mercedes Cargo Van (2016) VIN WD3PG2EA4G3090814; Original Cost: \$36,082.59** **\$0.00** **\$14,072.08**

47.7. **Subaru Outback (2016) VIN 4S4BSBNC7G3360341; Original Cost: \$28,786.27** **\$0.00** **\$12,474.09**

47.8. **Subaru Legacy (2016) VIN 4S3BNAC68G3064182; Original Cost: \$26,416.38** **\$0.00** **\$12,210.75**

48. **Watercraft, trailers, motors, and related accessories** *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$60,286.09

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No

☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☒ No. Go to Part 10.

☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

☒ No. Go to Part 11.

☐ Yes Fill in the information below.

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.

☒ Yes Fill in the information below.

Debtor Pain MD, LLC
Name

Case number (If known) _____

Current value of
debtor's interest

71. **Notes receivable**
Description (include name of obligor)
Receivable from Michael Kestner - owner of MedManagement Inc. which is an 80% owner of PainMD, LLC. Funds (\$250,000) were borrowed from PainMD on October 15, 2015 and the remaining balance as of the current date is reflected.

178,500.00	-	0.00	=
Total face amount		doubtful or uncollectible amount	

\$178,500.00

Note receivable from Titan Management Partners, LLC (Sale of the North Carolina 4 clinic assets as of February 1, 2019 - note is payable monthly over 36 months - payments to begin in April 2019 but any payments are being held in escrow pending the outcome of the Federal Civil Action lawsuit against PainMD, LLC.)

1,500,000.00	-	0.00	=
Total face amount		doubtful or uncollectible amount	

\$1,500,000.00

**Note receivable from Rinova The Wellness Group, P,C, (Sale of the Tennessee 4 clinic assets as of February 1, 2019 - note is payable monthly over 36 months - payments were to begin in April 2019 but no payments have been made due to actions taken by the Medicare Unified Program Integrity Contractor for suspension of Medicare reimbursements to the Rinova clinics. All Rinova clinics ceased operations as of May 8, 2019 due to insufficient funds for continued operations.)
COLLECTIBILITY OF THIS NOTE IS HIGHLY DOUBTFUL.**

1,250,000.00	-	1,250,000.00	=
Total face amount		doubtful or uncollectible amount	

\$0.00

Debtor Pain MD, LLC
Name

Case number (If known) _____

Note receivable from Cadence Consulting, LLC (Sale of clinic assets of the 2 Virginia clinics as of February 2, 2019. Rinova owned the medical practice and Cadence was contracted as the management entity with responsibility for all non-medical decisions of operational activity and was at financial risk for profits or losses. Note payments were to begin in April 2019 but no payments have been made due to the actions taken by the Medicare Unified Program Integrity Contractor for suspension of Medicare reimbursements to the Rinova clinics. All Rinova clinics ceased operations as of May 8, 2019 due to insufficient funds for continued operations.) COLLECTIBILITY OF THIS NOTE IS HIGHLY DOUBTFUL.

1,000,000.00 - **1,000,000.00** =
Total face amount doubtful or uncollectible amount

\$0.00

72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)
73. **Interests in insurance policies or annuities**
74. **Causes of action against third parties (whether or not a lawsuit has been filed)**
75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**
76. **Trusts, equitable or future interests in property**
77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*
78. **Total of Part 11.**
Add lines 71 through 77. Copy the total to line 90.
79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**
☒ No
☐ Yes

\$1,678,500.00

Debtor **Pain MD, LLC**
Name

Case number (If known)

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$16,841.33	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$5,000.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$1,121,442.13	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$60,286.09	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$1,678,500.00	
91. Total. Add lines 80 through 90 for each column	\$2,882,069.55	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$2,882,069.55

Fill in this information to identify the case:Debtor name **Pain MD, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	DeLage Landen Financial Services, Inc. <small>Creditor's Name</small> Lease Direct 1111 Old Eagle School Road Wayne, PA 19087 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 3/26/2015-3/26/2020 Last 4 digits of account number 1651 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Ziehm Solo C-Arm (Cookeville Clinic); Currently in process of taking possession of equipment under lease. Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$19,798.15	\$0.00

2.2	DeLage Landen Financial Services, Inc. <small>Creditor's Name</small> (Lease Direct) 1111 Old Eagle School Road Wayne, PA 19087 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 2/17/2017-2/17/2021 Last 4 digits of account number 6310	Describe debtor's property that is subject to a lien Digital X-Ray machine (Stored at Kelly X-Ray); Currently in process of taking possession of equipment under lease. Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	\$39,542.60	\$0.00
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Debtor **Pain MD, LLC**
Name

Case number (if know)

Do multiple creditors have an interest in the same property?☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.3 DeLage Landen Financial Services, Inc.**

Creditor's Name

**Lease Direct
1111 Old Eagle School
Road
Wayne, PA 19087**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**1/24/2017-1/24/2021****Last 4 digits of account number****5890****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

PACS - software (Corporate office); Currently in process of taking possession of equipment under lease.**\$17,893.75****\$0.00**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.4 First Data Global Leasing**

Creditor's Name

**4000 Coral Ridge Drive
Coral Springs, FL 33065**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**10/28/2015-10/30/2019****Last 4 digits of account number****0997****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Credit card and check swiping equipment lease.**\$5,100.00****\$0.00**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.5 RJ Young**

Creditor's Name

**809 Division Street
Nashville, TN 37203**

Creditor's mailing address

Describe debtor's property that is subject to a lien

Copier machine lease for clinic locations and corporate office - base lease plus charge for volume of copies**\$0.00****Unknown**

Describe the lien

Debtor **Pain MD, LLC**
Name

Case number (if know)

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

4/12/2016-4/12/2020

Last 4 digits of account number

Do multiple creditors have an interest in the same property?☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$82,334.50**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did
you enter the related creditor?Last 4 digits of
account number for
this entity

Fill in this information to identify the case:Debtor name **Pain MD, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Lisabeth Williams, M.D. 103 Generals Retreat Place Franklin, TN 37064 Date or dates debt was incurred Year 2018 through Jan. 2019 Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unpaid compensation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74,542.00 \$74,542.00

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	Nonpriority creditor's name and mailing address Access Climate Controlled Storage P. O. Box 1225 Tullahoma, TN 37388 Date(s) debt was incurred <u>May 2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Basis for the claim: Storage unit rental Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
3.2	Nonpriority creditor's name and mailing address Aetna 29406 Reliable Parkway Chicago, IL 60686-0294 Date(s) debt was incurred <u>Various dates</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Basis for the claim: Refund requests for denials, overpayments or medical necessities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Name	Case number (if known)
3.3	Nonpriority creditor's name and mailing address Aetna, Inc. Attn: Cotiviti Healthcare, Hillcrest III 731 Arbor Way, Suite 150 Blue Bell, PA 19422 Date(s) debt was incurred <u>Various dates</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Refund requests for denials, overpayments or medical necessities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4	Nonpriority creditor's name and mailing address All American Storage 2009 Fisk Road Cookeville, TN 38506 Date(s) debt was incurred <u>May 2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$180.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Storage unit rental</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.5	Nonpriority creditor's name and mailing address American Express P.O. Box 650448 Dallas, TX 75265-0448 Date(s) debt was incurred <u>March - April 2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$510.01 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Credit card charges</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address Anthem HealthKeepers Plus P.O. Box 62427 Attn: Cost Containment Unit Virginia Beach, VA 23466-2427 Date(s) debt was incurred <u>Various dates</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Refund requests for denials, overpayments or medical necessities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7	Nonpriority creditor's name and mailing address AT&T-IL PO Box 5019 Carol Stream, IL 60197-5019 Date(s) debt was incurred <u>February 2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$15,587.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8	Nonpriority creditor's name and mailing address Averus 1800 Nations Drive #215 Gurnee, IL 60031 Date(s) debt was incurred <u>February 2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$69.69 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for claim: on-site fire extinguisher inspections at the clinics</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9	Nonpriority creditor's name and mailing address Bioventus LLC PO Box 732823 Dallas, TX 75373-2823 Date(s) debt was incurred <u>September - December 2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,684.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Supplies sold to company</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Pain MD, LLC Name	Case number (if known) _____
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3.10	Nonpriority creditor's name and mailing address BizMatics, Inc. 4010 Moorpark Avenue Suite 222 San Jose, CA 95117 Date(s) debt was incurred <u>October 2018 - January 2019</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$79,051.43 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.11	Nonpriority creditor's name and mailing address Blue Cross Blue Shield of Tennessee 1 Cameron Hill Circle Chattanooga, TN 37402 Date(s) debt was incurred <u>Various dates</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Refund requests for denials, overpayments or medical necessities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.12	Nonpriority creditor's name and mailing address Boston Scientific Corporation PO Box 951653 Dallas, TX 75395-1653 Date(s) debt was incurred <u>December 2018</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$405.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Supplies sold to company</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.13	Nonpriority creditor's name and mailing address Cerilliant 811 Paloma Drive, Suite A Round Rock, TX 78665 Date(s) debt was incurred <u>November - December 2018</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$16,760.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Supplies sold to company</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.14	Nonpriority creditor's name and mailing address CGS DME MAC P.O. Box 955152 Saint Louis, MO 63195-5152 Date(s) debt was incurred <u>Various dates</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Refund requests for denials, overpayments or medical necessities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.15	Nonpriority creditor's name and mailing address Cigna P.O. Box 23487 Chattanooga, TN 37422-3487 Date(s) debt was incurred <u>Various dates</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Refund requests for denials, overpayments or medical necessities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.16	Nonpriority creditor's name and mailing address College of American Pathologists(CAP) P O Box 71698 Chicago, IL 60694-1698 Date(s) debt was incurred <u>January 2019</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,782.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Member registration fee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Pain MD, LLC Name _____	Case number (if known) _____
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3.17	Nonpriority creditor's name and mailing address D&H Electronic Systems, Inc. PO Box 377 Mount Juliet, TN 37121 Date(s) debt was incurred <u>November 2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$513.50
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3.18	Nonpriority creditor's name and mailing address De Lage Landen PO Box 41602 Philadelphia, PA 19101-1602 Date(s) debt was incurred <u>February 2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Leased equipment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,014.00
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3.19	Nonpriority creditor's name and mailing address Dialog Health Inc. - CO Attn: Brandon Daniell PO Box 101043 Denver, CO 80250 Date(s) debt was incurred <u>March 2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
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3.20	Nonpriority creditor's name and mailing address EBSCO P.O. Box 830460 Birmingham, AL 35283-0460 Date(s) debt was incurred <u>January 2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,013.70
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3.21	Nonpriority creditor's name and mailing address ERISA Services, Inc. PO Box 24628 Knoxville, TN 37933 Date(s) debt was incurred <u>December 2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,240.50
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3.22	Nonpriority creditor's name and mailing address Experian Health, Inc. C/O Experian PO Box 886133 Los Angeles, CA 90088-6133 Date(s) debt was incurred <u>December 2018 - January 2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$454.37
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3.23	Nonpriority creditor's name and mailing address Extra Space Storage 3510 Glenn McConnell Pkwy Charleston, SC 29414 Date(s) debt was incurred <u>May - June 2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Storage unit rental</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$578.00
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Debtor	Pain MD, LLC Name _____	Case number (if known) _____
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3.24	Nonpriority creditor's name and mailing address First Security Self Storage 5 Midway Plaza Dr. NW Christiansburg, VA 24073-6574 Date(s) debt was incurred <u>May - June 2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$420.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Storage unit rental</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.25	Nonpriority creditor's name and mailing address Fisher Health Care P.O. Box 404705 Atlanta, GA 30384-4705 Date(s) debt was incurred <u>January - February 2019</u> Last 4 digits of account number <u>8001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,555.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Supplies sold to company</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.26	Nonpriority creditor's name and mailing address Genzyme Corporation 62665 Collections Center Drive Chicago, IL 60693-0626 Date(s) debt was incurred <u>October 2018 - February 2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,290.32 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Supplies sold to company</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.27	Nonpriority creditor's name and mailing address HealthcareSourceHR, Inc. PO Box 783577 Philadelphia, PA 19178-3577 Date(s) debt was incurred <u>December 2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,472.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.28	Nonpriority creditor's name and mailing address Henry Schein-2013 Dept CH 10560 Palatine, IL 60055-0560 Date(s) debt was incurred <u>January - March 2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$13,776.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Supplies sold to company</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.29	Nonpriority creditor's name and mailing address Humana Attn: Provider Payment Integrity Dept. P.O. Box 14601 Lexington, KY 40512-4601 Date(s) debt was incurred <u>Various dates</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Refund requests for denials, overpayments or medical necessities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.30	Nonpriority creditor's name and mailing address Humana Military TRICARE East Refunds / Recoupments P.O. Box 7937 Madison, WI 53707-7937 Date(s) debt was incurred <u>Various dates</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Refund requests for denials, overpayments or medical necessities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Pain MD, LLC Name	Case number (if known) _____
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3.31	Nonpriority creditor's name and mailing address IDEaCOM Networks 220 Great Circle Road Suite 110 Nashville, TN 37228 Date(s) debt was incurred <u>January 2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,878.81 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.32	Nonpriority creditor's name and mailing address Kraft CPAs PLLC 555 Great Circle Road Nashville, TN 37228-1310 Date(s) debt was incurred <u>February - August 2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$28,136.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Professional services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.33	Nonpriority creditor's name and mailing address LinkedIn Corporation 62228 Collections Center Drive Chicago, IL 60693-0622 Date(s) debt was incurred <u>November 2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,594.37 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.34	Nonpriority creditor's name and mailing address Lisabeth Williams, M.D. 103 Generals Retreat Place Franklin, TN 37064 Date(s) debt was incurred <u>April 2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$82,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Working capital loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.35	Nonpriority creditor's name and mailing address Lisabeth Williams, M.D. 103 Generals Retreat Place Franklin, TN 37064 Date(s) debt was incurred <u>April 2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$580.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Expense reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.36	Nonpriority creditor's name and mailing address LiveMessage America PO Box 639236 Cincinnati, OH 45263-9236 Date(s) debt was incurred <u>February 2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$560.59 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.37	Nonpriority creditor's name and mailing address Lori M. Tinsley c/o Richard W. Davis, Jr., Esq. P.O. Box 3448 Radford, VA 24143 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,850,000.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lori M. Tinsley v. The Pain Center of Christiansburg, et al; Filed in the Circuit Court of the County of Montgomery (VA); Case No. 121CL13012218-00</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Pain MD, LLC Name	Case number (if known) _____
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3.38	Nonpriority creditor's name and mailing address LYNE, LLC 6 S. 14th Street Nashville, TN 37206 Date(s) debt was incurred <u>February 2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$55.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Copy of previous product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.39	Nonpriority creditor's name and mailing address MedManagement, Inc. 725 Cool Springs Blvd., Suite 550 Franklin, TN 37067 Date(s) debt was incurred <u>Various periods of time up to January 2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,783,431.34 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Fees for administrative service performed and expenses paid to vendors for PainMD</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.40	Nonpriority creditor's name and mailing address MedSafe Waste, LLC 204 Louise Avenue Suite A Hendersonville, TN 37075 Date(s) debt was incurred <u>January 2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$480.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.41	Nonpriority creditor's name and mailing address Medtech Enterprises 2158 Northgate Park Lane Suite 408 Chattanooga, TN 37415-6957 Date(s) debt was incurred <u>October - December 2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$46,358.79 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.42	Nonpriority creditor's name and mailing address Merit Laboratory Partners 357 Riverside Drive Suite 100 Franklin, TN 37064-8958 Date(s) debt was incurred <u>August 2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$138,252.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.43	Nonpriority creditor's name and mailing address NC Tracks P.O. Box 300009 Raleigh, NC 27622-8009 Date(s) debt was incurred _____ Last 4 digits of account number <u>Various dates</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Refund requests for denials, overpayments or medical necessities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.44	Nonpriority creditor's name and mailing address Palmetto GBA 2300 Springdale Drive Camden, SC 29020 Date(s) debt was incurred <u>Various dates</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Refund requests for denials, overpayments or medical necessities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Pain MD, LLC Name _____	Case number (if known) _____
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3.45 Nonpriority creditor's name and mailing address Performant Recovery, Inc. CMS RAC P.O. Box 3568 San Angelo, TX 76902 Date(s) debt was incurred <u>Various dates</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Refund requests for denials, overpayments or medical necessities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.46 Nonpriority creditor's name and mailing address Print Authority 7103-B Crossroads Blvd. Brentwood, TN 37027 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$427.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.47 Nonpriority creditor's name and mailing address Public Storage 2363 Ashley River Rd. Charleston, SC 29414 Date(s) debt was incurred <u>April - May 2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$486.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Storage unit rental</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.48 Nonpriority creditor's name and mailing address Richardson R. Lynn PO Box 921 Lexington, VA 24450 Date(s) debt was incurred <u>November 2018 - March 2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$81,115.22 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Professional services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.49 Nonpriority creditor's name and mailing address Rinova The Wellness Group, P.C. 725 Cool Springs Blvd. Suite 550 Franklin, TN 37067 Date(s) debt was incurred <u>April 2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$250,000.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Basis of claim: Indemnification per terms of Asset Purchase Agreement with PainMD, LLC -for business interruption due to existing issues of Seller (PainMD, LLC)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.50 Nonpriority creditor's name and mailing address Rinova The Wellness Group, P.C. 725 Cool Springs Blvd. Suite 550 Franklin, TN 37067 Date(s) debt was incurred <u>March - May 2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$353,020.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis of claim: Operating funds paid to PainMD by Rinova in excess of expenses paid on behalf of Rinova.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.51 Nonpriority creditor's name and mailing address RJ Young PO Box 415000 Nashville, TN 37241-7511 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,490.02 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Services and equipment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Pain MD, LLC Name	Case number (if known)
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3.52	Nonpriority creditor's name and mailing address Secure Storage Solutions PO Box 393 Lawrenceburg, TN 38464 Date(s) debt was incurred <u>May 2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$135.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Storage unit rental</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.53	Nonpriority creditor's name and mailing address Selfstor Solutions 881 Hillside Drive Cookeville, TN 38501 Date(s) debt was incurred <u>May 2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$340.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Storage unit rental</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.54	Nonpriority creditor's name and mailing address Shackelford, Bowen, McKinley and Norton 47 Music Square East Nashville, TN 37203 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$101,513.01 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Professional services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.55	Nonpriority creditor's name and mailing address Shred-It 28883 Network Place Chicago, IL 60673-1288 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,466.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.56	Nonpriority creditor's name and mailing address State of Tennessee, Department of Health Attn: Office of the Attorney General P.O. Box 20207, TennCare Nashville, TN 37203-0207 Date(s) debt was incurred <u>Various years</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,000,000.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Civil action - False Claims Act billing issue</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.57	Nonpriority creditor's name and mailing address StorPlace of Veterans Pkwy 138 Vererans Parkway Murfreesboro, TN 37128 Date(s) debt was incurred <u>May 2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,026.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Storage unit rental</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.58	Nonpriority creditor's name and mailing address Stowaway Storage 2005 American Way Kingsport, TN 37660 Date(s) debt was incurred <u>May 2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$450.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Storage unit rental</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Pain MD, LLC <small>Name</small>	Case number (if known) _____
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3.59	Nonpriority creditor's name and mailing address Stryker Sales Corp PO Box 70119 Chicago, IL 60673-0119 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,083.98 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Supplies sold to company</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.60	Nonpriority creditor's name and mailing address Titan Management Partners, LLC 123 Wilton Place Mooreville, NC 28117 Date(s) debt was incurred <u>March - May 2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$21,546.31 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis of claim: Operating funds paid to PainMD by Titan Management Partners in excess of expenses paid on behalf of Titan Management Partners.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.61	Nonpriority creditor's name and mailing address TLC Mini Storage 1960 Memorial Street Clarksville, TN 37043 Date(s) debt was incurred <u>May 2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$105.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Storage unit rental</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.62	Nonpriority creditor's name and mailing address UCT, LLC 2731 Bartram Road Bristol, PA 19007 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,343.08 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Supplies sold to company</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.63	Nonpriority creditor's name and mailing address United Healthcare Attn: Recovery Services P.O. Box 740804 Atlanta, GA 30374-0804 Date(s) debt was incurred <u>Various dates</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Refund requests for denials, overpayments or medical necessities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.64	Nonpriority creditor's name and mailing address US Government, Department of Health and Human Services (CMS & TRICARE) 110 9th Ave, South, Suite A-961 Nashville, TN 37203 Date(s) debt was incurred <u>Various dates</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Basis for the claim: Civil action - False Claims Act billing issue</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Debtor Pain MD, LLC Name		Case number (if known)
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed? Last 4 digits of account number, if any
4.1	C. Timothy Gary, Esq. DW Franklin Consulting Group, LLC 424 Church Street, Suite 1300 Nashville, TN 37219	Line <u>3.56</u> <input type="checkbox"/> Not listed. Explain _____
4.2	Cahaba Government Benefit Administrators c/o CT Corporation System 300 Montvue Rd. Knoxville, TN 37919-5546	Line <u>3.64</u> <input type="checkbox"/> Not listed. Explain _____
4.3	David Ross, AdminAction Coordinator SGS Southeastern Unified Program Integri 33027 Miramar, FL 33027	Line <u>3.64</u> <input type="checkbox"/> Not listed. Explain _____
4.4	Ellen Bowden McIntyre, Assistant US Atty United States Department of Justice 110 9th Avenue S., Suite A-961 Nashville, TN 37203	Line <u>3.64</u> <input type="checkbox"/> Not listed. Explain _____
4.5	Frost-Arnett P.O. Box 198988 Nashville, TN 37219	Line <u>3.11</u> <input type="checkbox"/> Not listed. Explain _____
4.6	Jay S. Bowen, Esq. Shackelford, Bowen, McKinley & Norton, L 47 Music Square East Nashville, TN 37203	Line <u>3.64</u> <input type="checkbox"/> Not listed. Explain _____
4.7	Jay S. Bowen, Esq. Shackelford, Bowen, McKinley & Norton, L 47 Music Square East Nashville, TN 37203	Line <u>3.54</u> <input type="checkbox"/> Not listed. Explain _____
4.8	Jay S. Bowen, Esq. Shackelford, Bowen, McKinley & Norton, L 47 Music Square East Nashville, TN 37203	Line <u>3.56</u> <input type="checkbox"/> Not listed. Explain _____
4.9	John Marchlowska Director Program Integrity Defense Healt 16401 East Centretech Parkway Aurora, CO 80011-9043	Line <u>3.64</u> <input type="checkbox"/> Not listed. Explain _____
4.10	Julie Pinette, Program Integrity Division of TennCare 310 Great Circle Road Nashville, TN 37243	Line <u>3.56</u> <input type="checkbox"/> Not listed. Explain _____
4.11	Palmeto GBA, LLC c/o Duncan S. McIntosh I-20 at Alpine Rd., AA-270 Columbia, SC 29219	Line <u>3.64</u> <input type="checkbox"/> Not listed. Explain _____
4.12	Philip Bangle, Assistant Attorney Genera Medicaid Fraud & Integrity Division 500 Charlotte Avenue Nashville, TN 37243	Line <u>3.56</u> <input type="checkbox"/> Not listed. Explain _____

Debtor Pain MD, LLC Name		Case number (if known)
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed? Last 4 digits of account number, if any
4.13	R. Stephen Jobe, Senior Counsel Medicaid Fraud & Integrity Division 500 Charlotte Avenue Nashville, TN 37243	Line <u>3.56</u> <input type="checkbox"/> Not listed. Explain _____
4.14	Robert A. Peal, Esq. Funk Sims, PLC 3322 West End Ave. #200 Nashville, TN 37203	Line <u>3.50</u> <input type="checkbox"/> Not listed. Explain _____
4.15	Thomas A. Wiseman III, Esq. Wiseman Ashworth Law Group 511 Union Street, Suite 800 Nashville, TN 37219-1743	Line <u>3.64</u> <input type="checkbox"/> Not listed. Explain _____
4.16	Thomas A. Wiseman III, Esq. Wiseman Ashworth Law Group 511 Union Street, Suite 800 Nashville, TN 37219-1743	Line <u>3.56</u> <input type="checkbox"/> Not listed. Explain _____
4.17	U.S. Department of the Treasury Bureau of the Fiscal Service P.O. Box 830794 Birmingham, AL 35283-0794	Line <u>3.45</u> <input type="checkbox"/> Not listed. Explain _____
4.18	W. Anthony Hullender Dep. Atty General 500 Charlotte Avenue Medicaid Fraud & Integrity Division Nashville, TN 37243	Line <u>3.56</u> <input type="checkbox"/> Not listed. Explain _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.**

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>74,542.00</u>
5b. +	\$ <u>12,928,935.81</u>
5c.	\$ <u>13,003,477.81</u>

Fill in this information to identify the case:Debtor name **Pain MD, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest

Lease for clinic office space - Christiansburg, VA - The original lease was executed between the landlord and PainMD, LLC; however, upon the sale of the clinic assets to Cadence Consulting, LLC, an assignment of the lease was requested from the landlord. This assignment of the lease would be to Rinova The Wellness Group, PC but was not approved by the landlord in writing as required per terms of the original lease. Under terms of the original lease, had the assignment been approved and for any reason the assignee was unable to perform under the terms of the lease, PainMD, LLC was still obligated to continue performance under terms of the lease. Rinova The Wellness Group, PC has discontinued business and does not have the ability to meet obligations under terms of the lease.

Expires on 9/30/22

State the term remaining

List the contract number of any government contract _____

**B&A Professional Office Building LLC
P.O. Box 3667
Attn: Ben Harris
Radford, VA 24143**

Debtor 1 **Pain MD, LLC**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.2. State what the contract or lease is for and the nature of the debtor's interest

The original lease was executed between the landlord and PainMD, LLC; however, upon the sale of the clinic assets to Rinova The Wellness Group, PC, an assignment of the lease was requested from the landlord. This assignment of the lease to Rinova The Wellness Group, PC was not approved by the landlord in writing as required per terms of the original lease. Under terms of the original lease, had the assignment been approved and for any reason the assignee was unable to perform under the terms of the lease, PainMD, LLC was still obligated to continue performance under terms of the lease. Rinova The Wellness Group, PC has discontinued business and does not have the ability to meet obligations under terms of the lease.

Lease Expires 9/30/19

State the term remaining

List the contract number of any government contract

Eye Care Center Associates, P.A.
Attn: R. Craig Collier, M.D.
1100 North Jackson Street,
Tullahoma, TN 37388

Debtor 1 **Pain MD, LLC**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.3. State what the contract or lease is for and the nature of the debtor's interest

Equipment lease for credit card and check processing machines at each clinic. Seventeen (17) machines - model numbers FD 200 TI and FD 35 EMV PP; Machines for all clinics are bundled under one Merchant ID which holds the Corporate Business Name of "PainMD LLC" but only lists a DBA Name for one clinic "PainMD Lawrenceburg". Merchant ID: 485205900997. Lease Expires 10/30/19

State the term remaining

List the contract number of any government contract

**First Data Global Leasing
4000 Coral Ridge Drive
Coral Springs, FL 33065**

Debtor 1 **Pain MD, LLC**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.4. State what the contract or lease is for and the nature of the debtor's interest

Lease for clinic office space - Cookeville, TN -
The original lease was executed between the landlord and PainMD, LLC; however, upon the sale of the clinic assets to Rinova The Wellness Group, PC, an assignment of the lease was requested from the landlord. This assignment of the lease to Rinova The Wellness Group, PC was approved by the landlord verbally but not in writing as required per terms of the original lease. Under terms of the original lease, if for any reason, an assignee was unable to perform under the terms of the lease, PainMD, LLC was still obligated to continue performance under terms of the lease. Rinova The Wellness Group, PC has discontinued business and does not have the ability to meet obligations under terms of the lease.

Expires on 4/30/2020

State the term remaining

List the contract number of any government contract

**HLM Investments
 315 North Washington, Suite 209
 Attn: Mike Atwood
 Cookeville, TN 38501**

Debtor 1 **Pain MD, LLC**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest

Lease for clinic office space - Bristol, VA - The original lease was executed between the landlord and PainMD, LLC; however, upon the sale of the clinic assets to Cadence Consulting, LLC, an assignment of the lease was requested from the landlord. This assignment of the lease was to Rinova The Wellness Group, PC. If for any reason, Rinova The Wellness Group, PC became unable to perform under the terms of the lease, PainMD, LLC was still obligated to continue performance under terms of the lease. Rinova The Wellness Group, PC has discontinued operations and is unable to meet obligations under terms of the lease. Expires 9/30/2023

State the term remaining

List the contract number of any government contract

**Marathon Realty Corp.
1 Food City Circle
PO Box 1158
Abingdon, VA 24212**

2.6. State what the contract or lease is for and the nature of the debtor's interest

Office equipment leases - copier / scanner / fax machines; R.J. Young has a master lease that covers all clinic locations, the laboratory location and the corporate office. Lease expires on 4/2020

State the term remaining

List the contract number of any government contract

**RJ Young
809 Division St.
Nashville, TN 37203**

Fill in this information to identify the case:Debtor name **Pain MD, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*2.1 **MedManagement, Inc.****725 Cool Springs Blvd., Suite 550
Franklin, TN 37067****RJ Young**☐ D _____
☒ E/F **3.51**
☐ G _____2.2 **MedManagement, Inc.****725 Cool Springs Blvd., Suite 550
Franklin, TN 37067****AT&T-IL**☐ D _____
☒ E/F **3.7**
☐ G _____2.3 **MedManagement, Inc.****725 Cool Springs Blvd.
Suite 550
Franklin, TN 37067****RJ Young**☐ D _____
☐ E/F _____
☒ G **2.6**2.4 **Rinova The Wellness Group, P.C.****P.O. Box 682846
Franklin, TN 37068****Eye Care Center Associates, P.A.**☐ D _____
☐ E/F _____
☒ G **2.2**2.5 **Rinova The Wellness Group, P.C.****725 Cool Springs Blvd.
Suite 550
Franklin, TN 37068****HLM Investments**☐ D _____
☐ E/F _____
☒ G **2.4**

Debtor **Pain MD, LLC**

Case number (if known) _____

Additional Page to List More Codebtors**Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.**

Column 1: Codebtor

Column 2: Creditor

2.6	Rinova The Wellness Group, P.C.	725 Cool Springs Blvd. Suite 550 Franklin, TN 37068	Marathon Realty Corp.	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.5</u>
-----	------------------------------------------------	--------------------------------------------------------------------	----------------------------------	----------------------------------------------------------------------------------------------------------------------------

2.7	Rinova The Wellness Group, P.C.	725 Cool Springs Blvd. Suite 550 Franklin, TN 37068	B&A Professional Office Building LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.1</u>
-----	------------------------------------------------	--------------------------------------------------------------------	-----------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------

Fill in this information to identify the case:Debtor name **Pain MD, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy****04/19**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**From **1/01/2019** to **Filing Date****Sources of revenue**

Check all that apply

Gross revenue

(before deductions and exclusions)

☒ Operating a business**Clinic operations stopped January 31, 2019. Medical services provided to chronic pain patients which were paid for by government payers, commercial insurance and individuals.****\$531,000.00**☒ Other**For prior year:**From **1/01/2018** to **12/31/2018**☒ Operating a business**Medical services provided to chronic pain patients which were paid for by government payers, commercial insurance and individuals.****\$12,785,000.00**☒ Other**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**

(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

Debtor **Pain MD, LLC**

Case number (if known) _____

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. AT&T-IL PO Box 5019 Carol Stream, IL 60197-5019	04/18/2019	\$15,353.60	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Telephone lines</u>
3.2. B&A Professional Office Building LLC P.O. Box 3667 Attn: Ben Harris Radford, VA 24143	03/21/2019	\$8,572.26	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>February 2019 rent 125 Akers Farm Road, Suite C</u>
3.3. Cadence Consulting 725 Cool Springs Blvd., Suite 550 Franklin, TN 37067	03/14/2019 05/01/2019	\$32,250.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Payments under Management Services Agreement</u>
3.4. De Lage Landen PO Box 41602 Philadelphia, PA 19101-1602	04/04/2019 04/24/2019	\$9,722.40	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Lease payments on imaging equipment</u>
3.5. Global Bio Resources 725 Cool Springs Blvd., Suite 550 Franklin, TN 37067	05/01/2019	\$12,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.6. Michael Kestner 725 Cool Springs Blvd., Suite 550 Franklin, TN 37067	03/21/2019 04/01/2019 04/03/2019 04/10/2019	\$28,500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Draws on Money Loaned</u>

Debtor **Pain MD, LLC**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.7. Richardson R. Lynn PO Box 921 Lexington, VA 24450	04/10/2019	\$7,500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Legal Services</u>
3.8. MedManagement, Inc. 725 Cool Springs Blvd., Suite 550 Franklin, TN 37067	03/21/2019 03/22/2019 03/25/2019 03/25/2019 03/27/2019 03/27/2019 03/27/2019 03/27/2019 04/01/2019 04/03/2019 04/08/2019 04/08/2019 04/10/2019 04/16/2019 04/22/2019 04/24/2019 04/24/2019 04/29/2019 05/01/2019 05/16/2019 05/17/2019	\$402,500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Payments under Adm Services Agreement</u>
3.9. MedMD Interventional Care 725 Cool Springs Blvd., Suite 550 Franklin, TN 37067	03/19/2019 03/21/2019 03/25/2019 03/27/2019 04/03/2019 04/16/2019 05/16/2019	\$137,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Payments for medical providers performing services in clinics (salaries & operating expenses)</u>
3.10 Merit Laboratory Partners 357 Riverside Drive Suite 100 Franklin, TN 37064-8958	04/04/2019 04/11/2019	\$20,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Payment to contracted consulting group for laboratory</u>
3.11 Peter Strianse 315 Deaderick Street, Suite 1700 Nashville, TN 37238	05/09/2019	\$20,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Legal Services for PainMD Owners</u>

Debtor **Pain MD, LLC**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.12 Rinova The Wellness Group, P.C. 725 Cool Springs Blvd. Suite 550 Franklin, TN 37067	05/01/2019	\$100,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Transition loan for working capital - post sale transaction</u>
3.13 Tennessee Department of Revenue 500 Deaderick Street Andrew Jackson State Office Building Nashville, TN 37242	04/18/2019	\$11,637.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Estimated F&E tax payments for 2018 return</u>
3.14 Voya P.O. Box 75131 Charlotte, NC 28275-0131	03/25/2019 03/25/2019 03/25/2019 03/25/2019	\$18,771.40	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Funding of employee & employer contributions to 401(k) Plan</u>
3.15 Waypoint Law PLLC 346 21st Avenue North Nashville, TN 37203	05/13/2019	\$7,835.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Bankruptcy Attorney Flat Fee and Filing Fee</u>
3.16 Lisabeth Williams, M.D. 103 Generals Retreat Place Franklin, TN 37064	03/21/2019 04/01/2019	\$17,500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Partial Repayment of Temporary Loan</u>
3.17 Wells Fargo Business Elite Card Elite Card Payment Center PO Box 77066 Minneapolis, MN 55480-7766	03/31/2019 04/01/2019 04/30/2019 05/14/2019	\$9,485.36	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Credit Card Payments</u>

Debtor **Pain MD, LLC**

Case number (if known) _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. MedManagement, Inc. 725 Cool Springs Blvd., Suite 550 Franklin, TN 37067 Provider of management and administrative service under an administrative services agreement.	6/1/2018 - 5/31/2019	\$3,461,500.00	Management fees under terms of agreement.
4.2. Michael Kestner 725 Cool Springs Blvd., Suite 550 Franklin, TN 37067 President of PainMD, LLC and CEO / Owner of MedManagement, Inc. (a Member of PainMD, LLC)	6/1/2018 - 5/31/2019	\$28,500.00	Partial repayment of temporary loans.
4.3. Lisabeth Williams, M.D. 725 Cool Springs Blvd., Suite 550 Franklin, TN 37067 President / Owner of Mid-South Pain Management, P.C. (a Member of PainMD, LLC)	6/1/2018 - 5/31/2019	\$24,456.37	Reimbursement of expenses and partial repayment of temporary loans.
4.4. MedMD Interventional Care, P.C. 725 Cool Springs Blvd., Suite 550 Franklin, TN 37067 Medical corporation that provided physician and nurse practitioner provider services to certain PainMD clinics	6/1/2018 - 5/31/2019	\$937,000.00	Reimbursements for medical services and operating expenses.
4.5. Benjamin Johnson, M.D. 725 Cool Springs Blvd., Suite 550 Franklin, TN 37067 Owner of MedMD Interventional Care, P.C.	6/1/2018 - 5/31/2019	\$2,505.48	Reimbursement of expenses

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
DeLage Landen Financial Services, Inc. 1111 Old Eagle School Road Wayne, PA 19087	Ziehm Solo C-Arm imaging unit - at Cookeville, TN clinic (60 month lease with \$1 end of lease buy-out); Acquired March 2015 - lease expiration is March 2020 - repossession process started in May 2019; Original cost \$79,360 with \$19,798 remaining on lease	3/2015 - 5/2019	\$19,798.00

Debtor **Pain MD, LLC**

Case number (if known)

Creditor's name and address	Describe of the Property	Date	Value of property
DeLage Landen Financial Services, Inc. 1111 Old Eagle School Road Wayne, PA 19087	Digital x-ray unit with battery powered generator - stored at Kelley X-Ray in Chattanooga, TN. Lease purchase contract for 60 months with \$1 buy-out; Acquired Feb 2017 - lease expiration is Feb 2021 - repossession process started in May 2019; Original cost \$44,150 with \$39,543 remaining on lease	2/2017 - 5/2019	\$39,543.00
DeLage Landen Financial Services, Inc. 1111 Old Eagle School Road Wayne, PA 19087	PACS (image storage software) installed on server at corporate office - financed on a 60 month lease with a \$1 buy-out; Acquired Jan 2017 - lease expiration is Jan 2021 - repossession process started in May 2019; Original cost \$22,396 with \$17,894 remaining on lease	1/2017 - 5/2019	\$17,894.00

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	State of Tennessee v. Pain MD, LLC, et al. 2017-262	Civil lawsuit seeking damages for fraud	Williamson County Circuit Court 135 4th Avenue South Franklin, TN 37064	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	United States of America v. Micheal Kestner, Lisabeth Smolenski Williams, Pain MD, LLC, et al. 3:18-cv-01346	Civil action seeking injunctive relief	U.S. District Court for the Middle 801 Broadway, Room 800 Nashville, TN 37203	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	Lori M. Tinsley v The Pain Center of Christiansburg, et al. 121CL 13012218-00	Civil action seeking damages for medical malpractice: Pain MD, LLC, previously owned The Pain Center of Christiansburg	Circuit Court for Montgomery Co., VA 55 East Main St., Suite 1 Christiansburg, VA 24073	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor **Pain MD, LLC**

Case number (if known)

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.4.	7187 Bryhawke Circle, LLC v. Pain MD, LLC 2019-CP-10-1882	Civil action seeking back rent for a clinic location	The Court of Common Pleas for the Ninth Judicial Circuit, Charleston Co. Common Pleas and General Sessions 100 Broad Street, Suite 106 Charleston, SC 29401-2258	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.5.	Administrative Agency Action (CMS) Reference No. CSE-181109-00003	Suspension of Medicare Payments to PainMD, LLC, Medicare ID Numbers: 103G705716 / D813 / D540; NPI No. 1639509664	David Ross, Admin. Action Coordinator SGS Southeastern Unified Program Integrity Coordinator 3450 Lakeside Drive, SGS Suite 201 Miramar, FL 33027	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.6.	State of Tennessee v. Pain MD, LLC, et al.; Administrative Agency Action (TennCare) Civil Action No. 2017-262	TennCare Payment Suspension to PainMD, LLC, Medicaid ID: Q005805; NPI No. 1639509664	Julie Pinette, Program Integrity Division of TennCare 310 Great Circle Road Nashville, TN 37243	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.7.	United States of America v. Micheal Kestner, Lisabeth Smolenski Williams, Pain MD, LLC, et al.; Administrative Agency Action (TRICARE) Case No. 3:18-cv-01289	TRICARE payment suspension to PainMD, LLC	John Marchlowska Director, Program Integrity Defense Health Agency 16401 East Centretch Parkway Aurora, CO 80011-9043	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None
Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**
☐ None

	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1.	Jonathan White 103 Hunters Ridge Drive Tullahoma, TN 37388	Ten-year anniversary gift - Rolex watch	5/2017	\$7,735.85
	Recipients relationship to debtor Employee of Debtor			

Debtor **Pain MD, LLC**

Case number (if known) _____

	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.2.	Daniel Campbell 41 Fox Ridge McMinnville, TN 37110	Ten-year anniversary gift - Rolex watch	7/2017	\$7,735.85
	Recipients relationship to debtor Employee of Debtor			
9.3.	Daniel Seeley 114 Sherwood Cove Batesville, MS 38606	Ten-year anniversary gift - Rolex watch	7/2017	\$7,739.53
	Recipients relationship to debtor Employee of Debtor			
9.4.	Tanya Upchurch 4730 Front Street Cookeville, TN 38501	Ten-year anniversary gift - Rolex watch	7/2017	\$7,058.07
	Recipients relationship to debtor Employee of Debtor			

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Waypoint Law PLLC 346 21st Avenue North Nashville, TN 37203		5/13/19	\$7,385.00
	Email or website address www.waypointlaw.com			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Debtor **Pain MD, LLC**

Case number (if known) _____

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

	Address	Dates of occupancy From-To
14.1.	1315 Euclid Avenue Suite E17 Bristol, VA 24201	Oct-18 - Sold Feb-19
14.2.	3030 Ashley Town Center Dr Suite A-102 Charleston, SC 29414	Mar-16 - Closed Aug-17
14.3.	125 Akers Farm Road Suite B Christiansburg, VA 24073	Oct-07 - Sold Feb-19
14.4.	980 Professional Park Dr Suite C Clarksville, TN 37040	May-08 - Sold Feb-19
14.5.	855 Bradley Street Suite A Concord, NC 28025	2012 - Sold Feb-19
14.6.	315 North Washington Avenue Suite 190 Cookeville, TN 38501	May-05 - Sold Feb-19
14.7.	4147 Hwy 127 N. Suite 102 Crossville, TN 38571	Mar-07 - Closed Aug-16
14.8.	294 N.Hwy16 Suite B Denver, NC 28037	Ort-07 - Sold Feb-19
14.9.	357 Riverside Drive Suite 1003 Franklin, TN 37064	Jul-12 - Sold Feb-19

Debtor **Pain MD, LLC**

Case number (if known) _____

	Address	Dates of occupancy From-To
14.10	179 Hancock Street Suite 203 Gallatin, TN 37066	Sep-08 - Closed Jan-16
14.11	906 Tusculum Blvd Greeneville, TN 37745	Nov-08 - Closed Oct-17
14.12	120A Chadwucj Square Court Suite 120A Hendersonville, NC 28739	Nov-07 - Closed Nov-16
14.13	1380 Eastchester Drive Suite 111 High Point, NC 27265	Jan-11 - Sold Feb-19
14.14	1700 Pinebrook Drive Suite 2 Kingsport, TN 37660	Aug-07 - Closed Sept-18
14.15	1009 N. Locust Avenue Suite 1 Lawrenceburg, TN 38464	Jan-07 - Sold Feb-19
14.16	1908 Caudle Drive Suite 100 Mount Airy, NC 27030	Jan-11 - Sold Feb-19
14.17	5000 Crossings Circle Suite 200 Mount Juliet, TN 37122	2013 - Closed Mar-18
14.18	1747 Medical Center Parkway Suite 120 Murfreesboro, TN 37129	2014 - Closed Nov-16
14.19	144 Jack Farrar Lane Tullahoma, TN 37388	Sep-15 - Sold Feb-19

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services
the debtor providesIf debtor provides meals
and housing, number of
patients in debtor's care**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☒ Yes. State the nature of the information collected and retained.

Debtor **Pain MD, LLC**

Case number (if known) _____

The company formerly provided medical-related services and still has medical records on all patients. Many of the records are stored in file boxes at storage facilities and other records are maintained within the electronic medical records system.

Does the debtor have a privacy policy about that information?

☐ No

☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

☐ No. Go to Part 10.

☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.

☒ Yes. Fill in below:

Name of plan

401(k) retirement plan with VOYA Financial; plan name is "PainMD 401(k) Plan: 872467" and it was self-administered.

Employer identification number of the plan

EIN: **37-1743993**

Has the plan been terminated?

☒ No

☐ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	Regions Bank 128 N. 2nd Street Clarksville, TN 37040	XXXX-3797	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	May 13, 2019 - these accounts were closed by Regions Bank without an explanation as to the reason for closure and not at the request of or through actions by PainMD, LLC.	\$2,538.54

Debtor **Pain MD, LLC**

Case number (if known) _____

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.2. Regions Bank 951 E. 10th Street Cookeville, TN 38501	XXXX-3576	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other ____	May 13, 2019 - these accounts were closed by Regions Bank without an explanation as to the reason for closure and not at the request of or through actions by PainMD, LLC.	\$2,841.13
18.3. Regions Bank 1200 N. Jackson St. Tullahoma, TN 37388	XXXX-8937	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other ____	May 13, 2019 - these accounts were closed by Regions Bank without an explanation as to the reason for closure and not at the request of or through actions by PainMD, LLC.	\$22,948.58

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
-----------------------------------------	----------------------------------------------	-----------------------------	-----------------------

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
Extra Space Storage, #4095 3510 Glenn McConnell Pkwy. Charleston, SC 29414	N/A - Everyone with access is no longer employed with company	Copier, 3 4x8 bookshelves, EMG cart, records, misc equip.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Extra Space Storage, #3010 3510 Glenn McConnell Pkwy. Charleston, SC 29414	N/A - Everyone with access is no longer employed with company	Copier, procedure table, ultrasound cart, records, misc equip	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Public Storage, #B3028 2363 Ashley River Rd. Charleston, SC 29414	N/A - Everyone with access is no longer employed with company	2 cans paint, a random large metal rack	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Debtor **Pain MD, LLC**

Case number (if known) _____

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
First Security Self Storage, #B59 5 Midway Plaza Dr. NW Christiansburg, VA 24073	N/A - Everyone with access is no longer employed with company	Charts and records	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
First Security Self Storage, E08 5 Midway Plaza Dr. NW Christiansburg, VA 24073	N/A - Everyone with access is no longer employed with company	Filing cabinets, old printer/copier	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
TLC Mini Storage, #123 1960 Memorial Dr. Clarksville, TN 37043	N/A - Everyone with access is no longer employed with company	Medical records and charts	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
All American Storage, #132 & 134 2005 Fisk Rd. Cookeville, TN 38501	N/A - Everyone with access is no longer employed with company	Charts and records	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
SelfStor Solutions, #22 1509 N. Washington Ave. Cookeville, TN 38501	N/A - Everyone with access is no longer employed with company	Old exam tables, chart cabinets	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
SelfStor Solutions, #23 1509 N. Washington Ave. Cookeville, TN 38501	N/A - Everyone with access is no longer employed with company	Charts and records	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Prime Storage Group, #B19 2417 E. Stone Dr. Kingsport, TN 37660	N/A - Everyone with access is no longer employed with company	Charts, records, file cabinets and shelving	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Stowaway Storage, #304, 305 & 306 2005 American Way Kingsport, TN 37660	N/A - Everyone with access is no longer employed with company	Charts and records	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Secure Storage Solutions, #66 & 67 2212 W.O. Smith St. Lawrenceburg, TN 38464	N/A - Everyone with access is no longer employed with company	Charts and records	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
StorPlace of Barfield Self Storage 138 Veterans Pkwy. Murfreesboro, TN 37128	N/A - Everyone with access is no longer employed with company	Units 1506, 1614, 1618, 6205, 6239, 6241, 6243, 6245 contain the majority of medical equipment, medical records and supplies from clinics which have been closed (Dyersburg, Gallatin, Murfreesboro, Spring Hill, McMinnville). Lists and photos of the items in storage are available.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Access Climate Controlled Storage, 3246 Old Manchester Hwy. Tullahoma, TN 37388	N/A - Everyone with access is no longer employed with company	Units C-19 & C-16 contain charts and records	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

Debtor **Pain MD, LLC**

Case number (if known) _____

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☐ No.
☐ Yes. Provide details below.

Case title
Case number

Court or agency name and
address

Nature of the case

Status of case

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☐ No.
☐ Yes. Provide details below.

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☐ No.
☐ Yes. Provide details below.

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Date of service
From-To

Debtor **Pain MD, LLC**

Case number (if known) _____

Name and address		Date of service From-To
26a.1.	Terry Bryant 725 Cool Springs Blvd., Suite 550 Franklin, TN 37067	October 2014 to June 2019
26a.2.	Charles (Trey) Whitfield 725 Cool Springs Blvd., Suite 550 Franklin, TN 37067	January 2015 to June 2019
26a.3.	Blake Ford 645 Foster Lane Mount Juliet, TN 37122	Left company on August 31, 2017

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address		If any books of account and records are unavailable, explain why
26c.1.	Terry Bryant 725 Cool Springs Blvd., Suite 550 Franklin, TN 37067	
26c.2.	Charles (Trey) Whitfield 725 Cool Springs Blvd., Suite 550 Franklin, TN 37067	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
---------------------------------------------------------------	-------------------	------------------------------------------------------------------------------

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Michael Kestner	725 Cool Springs Blvd., Suite 550 Franklin, TN 37067	President of PainMD, LLC and CEO / Owner of MedManagement, Inc. (a Member of PainMD, LLC)	80

Debtor **Pain MD, LLC**

Case number (if known) _____

Name	Address	Position and nature of any interest	% of interest, if any
Lisabeth Williams, M.D.	725 Cool Springs Blvd., Suite 550 Franklin, TN 37067	President / Owner of Mid-South Pain Management, P.C. (a Member of PainMD, LLC)	20

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Lisabeth Williams, M.D. 725 Cool Springs Blvd., Suite 550 Franklin, TN 37067	\$110,073.43	June 1, 2018 - December 28, 2018	Compensation
	Relationship to debtor President / Owner of Mid-South Pain Management, P.C. (a Member of PainMD, LLC)			
30.2	Lisabeth Williams, M.D. 725 Cool Springs Blvd., Suite 550 Franklin, TN 37067	\$17,500.00	Mar. 21, 2019 & Apr. 1, 2019	Partial repayment of loan
	Relationship to debtor President / Owner of Mid-South Pain Management, P.C. (a Member of PainMD, LLC)			
30.3	Lisabeth Williams, M.D. 725 Cool Springs Blvd., Suite 550 Franklin, TN 37067	\$7,456.37	Jun. 13, 2018 - Mar. 7, 2019	Reimbursement of expenses
	Relationship to debtor President / Owner of Mid-South Pain Management, P.C. (a Member of PainMD, LLC)			

Debtor **Pain MD, LLC**

Case number (if known) _____

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.4	Michael Kestner 725 Cool Springs Blvd., Suite 550 Franklin, TN 37067	\$28,500.00	Mar. 21, 2019 - Apr. 10, 2019	Partial repayment of loan
	Relationship to debtor President of PainMD, LLC and CEO / Owner of MedManagement, Inc. (a Member of PainMD, LLC)			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☐ No
☒ Yes. Identify below.

Name of the pension fund

Employer Identification number of the parent corporation

PainMD 401(k) Plan:872467 - VOYA FinancialEIN: **37-1743993****Part 14: Signature and Declaration**

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **June 14, 2019****/s/ Michael Kestner****Michael Kestner**

Signature of individual signing on behalf of the debtor

Printed name

Position or relationship to debtor **President**Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

United States Bankruptcy Court
Middle District of Tennessee

In re **Pain MD, LLC**

Debtor(s)

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DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>0.00</u>
Prior to the filing of this statement I have received	\$	<u>0.00</u>
Balance Due	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

June 14, 2019

Date

/s/ Robert J. Mendes

Robert J. Mendes 017120

Signature of Attorney

Waypoint Law PLLC

346 21st Avenue North

Nashville, TN 37203

615.209.7477

bmendes@waypointlaw.com

Name of law firm

**United States Bankruptcy Court
Middle District of Tennessee**

In re **Pain MD, LLC**

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VERIFICATION OF CREDITOR MATRIX

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **June 14, 2019**

/s/ Michael Kestner

Michael Kestner/President

Signer/Title

PAIN MD, LLC
P.O. BOX 1226
FRANKLIN TN 37065

ROBERT J. MENDES
WAYPOINT LAW PLLC
346 21ST AVENUE NORTH
NASHVILLE, TN 37203

ACCESS CLIMATE CONTROLLED STORAGE
P. O. BOX 1225
TULLAHOMA TN 37388

AETNA
29406 RELIABLE PARKWAY
CHICAGO IL 60686-0294

AETNA, INC.
ATTN: COTIVITI HEALTHCARE, HILLCREST III
731 ARBOR WAY, SUITE 150
BLUE BELL PA 19422

ALL AMERICAN STORAGE
2009 FISK ROAD
COOKEVILLE TN 38506

AMERICAN EXPRESS
P.O. BOX 650448
DALLAS TX 75265-0448

ANTHEM HEALTHKEEPERS PLUS
P.O. BOX 62427
ATTN: COST CONTAINMENT UNIT
VIRGINIA BEACH VA 23466-2427

AT&T-IL
PO BOX 5019
CAROL STREAM IL 60197-5019

AVERUS
1800 NATIONS DRIVE #215
GURNEE IL 60031

B&A PROFESSIONAL OFFICE BUILDING LLC
P.O. BOX 3667
ATTN: BEN HARRIS
RADFORD VA 24143

BIOVENTUS LLC
PO BOX 732823
DALLAS TX 75373-2823

BIZMATICS, INC.
4010 MOORPARK AVENUE
SUITE 222
SAN JOSE CA 95117

BLUE CROSS BLUE SHIELD OF TENNESSEE
1 CAMERON HILL CIRCLE
CHATTANOOGA TN 37402

BOSTON SCIENTIFIC CORPORATION
PO BOX 951653
DALLAS TX 75395-1653

C. TIMOTHY GARY, ESQ.
DW FRANKLIN CONSULTING GROUP, LLC
424 CHURCH STREET, SUITE 1300
NASHVILLE TN 37219

CAHABA GOVERNMENT BENEFIT ADMINISTRATORS
C/O CT CORPORATION SYSTEM
300 MONTVUE RD.
KNOXVILLE TN 37919-5546

CERILLIANT
811 PALOMA DRIVE, SUITE A
ROUND ROCK TX 78665

CGS DME MAC
P.O. BOX 955152
SAINT LOUIS MO 63195-5152

CIGNA
P.O. BOX 23487
CHATTANOOGA TN 37422-3487

COLLEGE OF AMERICAN PATHOLOGISTS (CAP)
P O BOX 71698
CHICAGO IL 60694-1698

D&H ELECTRONIC SYSTEMS, INC.
PO BOX 377
MOUNT JULIET TN 37121

DAVID ROSS, ADMINACTION COORDINATOR
SGS SOUTHEASTERN UNIFIED PROGRAM INTEGRI
33027
MIRAMAR FL 33027

DE LAGE LANDEN
PO BOX 41602
PHILADELPHIA PA 19101-1602

DELAGE LANDEN FINANCIAL SERVICES, INC.
LEASE DIRECT
1111 OLD EAGLE SCHOOL ROAD
WAYNE PA 19087

DIALOG HEALTH INC. - CO
ATTN: BRANDON DANIELL
PO BOX 101043
DENVER CO 80250

EBSCO
P.O. BOX 830460
BIRMINGHAM AL 35283-0460

ELLEN BOWDEN MCINTYRE, ASSISTANT US ATTY
UNITED STATES DEPARTMENT OF JUSTICE
110 9TH AVENUE S., SUITE A-961
NASHVILLE TN 37203

ERISA SERVICES, INC.
PO BOX 24628
KNOXVILLE TN 37933

EXPERIAN HEALTH, INC.
C/O EXPERIAN
PO BOX 886133
LOS ANGELES CA 90088-6133

EXTRA SPACE STORAGE
3510 GLENN MCCONNELL PKWY
CHARLESTON SC 29414

EYE CARE CENTER ASSOCIATES, P.A.
ATTN: R. CRAIG COLLIER, M.D.
1100 NORTH JACKSON STREET,
TULLAHOMA TN 37388

FIRST DATA GLOBAL LEASING
4000 CORAL RIDGE DRIVE
CORAL SPRINGS FL 33065

FIRST SECURITY SELF STORAGE
5 MIDWAY PLAZA DR. NW
CHRISTIANSBURG VA 24073-6574

FISHER HEALTH CARE
P.O. BOX 404705
ATLANTA GA 30384-4705

FROST-ARNETT
P.O. BOX 198988
NASHVILLE TN 37219

GENZYME CORPORATION
62665 COLLECTIONS CENTER DRIVE
CHICAGO IL 60693-0626

HEALTHCARESOURCEHR, INC.
PO BOX 783577
PHILADELPHIA PA 19178-3577

HENRY SCHEIN-2013
DEPT CH 10560
PALATINE IL 60055-0560

HLM INVESTMENTS
315 NORTH WASHINGTON, SUITE 209
ATTN: MIKE ATWOOD
COOKEVILLE TN 38501

HUMANA
ATTN: PROVIDER PAYMENT INTEGRITY DEPT.
P.O. BOX 14601
LEXINGTON KY 40512-4601

HUMANA MILITARY
TRICARE EAST REFUNDS / RECOUPMENTS
P.O. BOX 7937
MADISON WI 53707-7937

IDEACOM NETWORKS
220 GREAT CIRCLE ROAD
SUITE 110
NASHVILLE TN 37228

JAY S. BOWEN, ESQ.
SHACKELFORD, BOWEN, MCKINLEY & NORTON, L
47 MUSIC SQUARE EAST
NASHVILLE TN 37203

JOHN MARCHLOWSKA
DIRECTOR PROGRAM INTEGRITY DEFENSE HEALT
16401 EAST CENTRETECH PARKWAY
AURORA CO 80011-9043

JULIE PINETTE, PROGRAM INTEGRITY
DIVISION OF TENNCARE
310 GREAT CIRCLE ROAD
NASHVILLE TN 37243

KRAFT CPAS PLLC
555 GREAT CIRCLE ROAD
NASHVILLE TN 37228-1310

LINKEDIN CORPORATION
62228 COLLECTIONS CENTER DRIVE
CHICAGO IL 60693-0622

LISABETH WILLIAMS, M.D.
103 GENERALS RETREAT PLACE
FRANKLIN TN 37064

LIVEMESSAGE AMERICA
PO BOX 639236
CINCINNATI OH 45263-9236

LORI M. TINSLEY
C/O RICHARD W. DAVIS, JR., ESQ.
P.O. BOX 3448
RADFORD VA 24143

LYNE, LLC
6 S. 14TH STREET
NASHVILLE TN 37206

MARATHON REALTY CORP.
1 FOOD CITY CIRCLE
PO BOX 1158
ABINGDON VA 24212

MEDMANAGEMENT, INC.
725 COOL SPRINGS BLVD., SUITE 550
FRANKLIN TN 37067

MEDSAFE WASTE, LLC
204 LOUISE AVENUE
SUITE A
HENDERSONVILLE TN 37075

MEDTECH ENTERPRISES
2158 NORTHGATE PARK LANE
SUITE 408
CHATTANOOGA TN 37415-6957

MERIT LABORATORY PARTNERS
357 RIVERSIDE DRIVE
SUITE 100
FRANKLIN TN 37064-8958

NC TRACKS
P.O. BOX 300009
RALEIGH NC 27622-8009

PALMETO GBA, LLC
C/O DUNCAN S. MCINTOSH
I-20 AT ALPINE RD., AA-270
COLUMBIA SC 29219

PALMETTO GBA
2300 SPRINGDALE DRIVE
CAMDEN SC 29020

PERFORMANT RECOVERY, INC.
CMS RAC
P.O. BOX 3568
SAN ANGELO TX 76902

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BRENTWOOD TN 37027

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RINOVA THE WELLNESS GROUP, P.C.
725 COOL SPRINGS BLVD.
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FRANKLIN TN 37067

RINOVA THE WELLNESS GROUP, P.C.
725 COOL SPRINGS BLVD.
SUITE 550
FRANKLIN TN 37068

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FUNK|SIMS, PLC
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NASHVILLE TN 37203

SECURE STORAGE SOLUTIONS
PO BOX 393
LAWRENCEBURG TN 38464

SELFSTOR SOLUTIONS
881 HILLSIDE DRIVE
COOKEVILLE TN 38501

SHACKELFORD, BOWEN, MCKINLEY AND NORTON
47 MUSIC SQUARE EAST
NASHVILLE TN 37203

SHRED-IT
28883 NETWORK PLACE
CHICAGO IL 60673-1288

STATE OF TENNESSEE, DEPARTMENT OF HEALTH
ATTN: OFFICE OF THE ATTORNEY GENERAL
P.O. BOX 20207, TENNCARE
NASHVILLE TN 37203-0207

STORPLACE OF VETERANS PKWY
138 VERERANS PARKWAY
MURFREESBORO TN 37128

STOWAWAY STORAGE
2005 AMERICAN WAY
KINGSPORT TN 37660

STRYKER SALES CORP
PO BOX 70119
CHICAGO IL 60673-0119

THOMAS A. WISEMAN III, ESQ.
WISEMAN ASHWORTH LAW GROUP
511 UNION STREET, SUITE 800
NASHVILLE TN 37219-1743

TITAN MANAGEMENT PARTNERS, LLC
123 WILTON PLACE
MOORESVILLE NC 28117

TLC MINI STORAGE
1960 MEMORIAL STREET
CLARKSVILLE TN 37043

U.S. DEPARTMENT OF THE TREASURY
BUREAU OF THE FISCAL SERVICE
P.O. BOX 830794
BIRMINGHAM AL 35283-0794

UCT, LLC
2731 BARTRAM ROAD
BRISTOL PA 19007

UNITED HEALTHCARE
ATTN: RECOVERY SERVICES
P.O. BOX 740804
ATLANTA GA 30374-0804

US GOVERNMENT, DEPARTMENT OF HEALTH
AND HUMAN SERVICES (CMS & TRICARE)
110 9TH AVE, SOUTH, SUITE A-961
NASHVILLE TN 37203

W. ANTHONY HULLENDER DEP. ATTY GENERAL
500 CHARLOTTE AVENUE
MEDICAID FRAUD & INTEGRITY DIVISION
NASHVILLE TN 37243

**United States Bankruptcy Court
Middle District of Tennessee**

In re **Pain MD, LLC**

Debtor(s)

Case No.

Chapter

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CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Pain MD, LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

■ None [*Check if applicable*]

June 14, 2019

Date

/s/ Robert J. Mendes**Robert J. Mendes 017120**

Signature of Attorney or Litigant

Counsel for **Pain MD, LLC****Waypoint Law PLLC****346 21st Avenue North****Nashville, TN 37203****615.209.7477****bmendes@waypointlaw.com**